

Name:

### Unit II: Dysrhythmia Case Study

F.B is a 70 y.o. retired gentleman who was admitted with worsening heart failure with decompensation. He experienced a cardiac arrest on the floor (pulseless V-Tach) and was defibrillated with one shock. He is a patient in the ICU, and is under your care today. He is on an amiodarone gtt and is scheduled for evaluation in the cath lab today.

**PMH:** CAD, HTN, hyperlipidemia, previous MI

**Subjective Data:** Reports dyspnea with activity, and residual chest discomfort from the defibrillation

**Objective Data:** Appears pale, weak, anxious

Temp 100.4 Oral, HR 70, RR 26, BP 104/56

Lungs: Bibasilar rales, shallow inspiratory effort

Heart: Audible S3

**Diagnostics:** 2D echo: EF 25%

K<sup>+</sup> = 2.9

**EKG:**



**Directions:**

- 1) Interpret the rhythm above:  
**Normal Sinus Rhythm with two unifocal PVC**
- 2) Why do you think there is ectopy?  
**Ventricular irritability as noted by inverted t waves in two separate places**
- 3) Is F.B. at risk for sudden cardiac death? Why or why not?  
**Yes, he is at risk for sudden cardiac death. His PMH already tells us that he has an unhealthy heart, which can be a precursor to arrhythmias and seeing more than 1 PVC can be a cause for concern not only can PVC because it can turn into Vtach, but they do not always generate a pulse, which decreases CO.**
- 4) Why is F.B. on an amiodarone gtt?  
**Amiodarone is an antiarrhythmic, which will try to help keep him out of Vtach, and it also can help with rate control his ventricular rate**
- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?  
**Yes, he is a candidate because he is still having PVC and has HF**